

Laboratory Report



Jericho Underhill Water 100300
P.O. Box 174
Underhill, VT 05489
Atten: Nancy Benson

PROJECT: WSID 5096 TC
WORK ORDER: 2502-05315
DATE RECEIVED: February 25, 2025
DATE REPORTED: February 26, 2025
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 419 Rt. 15 Date Sampled: 2/25/25 Time: 8:35

Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: RT Compl Ind: Y Repl Ind: N

Free Chlorine Residual (Field Result): 0.38 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM23 9223B(04)	2/25/25 13:03	W EPB	A	
E. coli	ABSENT	/100 mL	SM23 9223B(04)	2/25/25 13:03	W EPB	A	

Endyne will submit this data electronically to the State of VT Water Supply Division in accordance with their policy and standards.

The column heading "Lab" denotes the laboratory facility where the testing was performed. "W" designates the Williston, VT lab under NELAC certification ELAP 11263; and ISO/IEC 17025:2017 accredited "R" designates the Lebanon, NH facility under certification NH 2037. This analysis meets NELAC requirements except as noted. Test results are representative of the samples as they were received at the laboratory. Chlorine field results are provided by the client unless otherwise indicated.

Reviewed by:

Harry B. Locker, Ph.D.
Laboratory Director



160 James Brown Dr., Williston, VT 05495
Ph 802-879-4333 Fax 802-879-7103

www.endynelabs.com

56 Etna Road, Lebanon, NH 03766
Ph 603-678-4891 Fax 603-678-4893



WSID 5096

Total Coliform

2502-05315

Endyne Inc. COC



Jericho Underhill Water
WSID 5096 TC

Bill to:
Nancy
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
Ph: 802-363-4586

Report to:
Joseph O'Brien
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
crystal@simonop.com;ryan@simonop.com

Prepared: 4/9/24
Cust # 100
VT0005096
TC0005096

of 1

Was the water system chlorinated at the time of sample collection? Circle one: **YES** NO

Sampler:

Ryan Catnoir

Circle Sample Type for each sample: **RT** RP SP 1 Sterile 120 mL Bottle per Sample

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 38 mg/L

001 419 Rte 15

Sampled Date/Time: 02/25/25 @ 8:35 **am**

Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L

002 _____

Sampled Date/Time: ____/____/____ @ ____ **am**

Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L

003 _____

Sampled Date/Time: ____/____/____ @ ____ **am**

Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L

004 _____

Sampled Date/Time: ____/____/____ @ ____ **am**

Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L

005 _____

Sampled Date/Time: ____/____/____ @ ____ **am**

Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by: *Ryan Catnoir* 02/25/2025
Date Time

Accepted by: _____
Date Time

Relinquished by: _____
Date Time

Received by: *[Signature]* 2/25/25 10:25
Date Time

Sites/Parameters correct as listed. Client Initials _____

Client Authorization to use Subcontract lab Client Initials _____

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: <u>6</u>	Temp C: <u>7.6</u>	Comment:
Temp Ck		COC
Log by		



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